Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |                               |              |                  | SMALL ENTITY TYPE |                        | OR       | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|--------------|-------------------------------|--------------|------------------|-------------------|------------------------|----------|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   | (1           |                               |              |                  | RATE              | FEE                    | ]        | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED |                               | NUMBER EXTRA |                  | BASIC F           | E 385.00               | OR       | BASIC FEE                  | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | \1 minus 20= |                               | *            |                  | X\$ 9=            |                        | OR       | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |  |   | ( minus 3 =  |                               | *            |                  | X43=              |                        | OR       | X86=                       |                        |
| MU  | LTIPLE DEPEN   | DENT CLAIM PI                             | RESENT       |                               |              |                  | +145=             |                        | OR       | +290=                      |                        |
| * If the difference in column 1 is less than zero, enter "0"  |  |   |              |                               |              | column 2         | TOTAL             |                        | OR       | L                          | 770                    |
| CLAIMS AS AMENDED - PART II   |  |   |              |                               |              |                  |                   | J                      | OTHER    | THAN                       |                        |
|   |  | (Column 1)                                |              | (Colur                        |              | (Column 3)       | SMAL              | ENTITY                 | OR       | SMALL                      | ENIIIY                 |
| ENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | *   | Minus        | **                            |              | =                | X\$ 9=            |                        | OR       | X\$18=                     |                        |
| ME  | Independent  | *   | Minus        | ***                           |              | =                | X43=              |                        | OR       | X86=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=   |   |              |                               |              |                  |                   |                        | OR       | +290=                      |                        |
| TOTAL   |  |   |              |                               |              |                  |                   |                        | OR       | TÖTAL                      |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                               |              |                  |                   | E <b>L</b>             | 10.,     | ADDIT. FEE                 |                        |
| _   | (Column 1) (Column 1) (Column 1) (Column 1) (Column 1) |   |              |                               | (Column 3)   |                  | 1 4001            | 1                      |          | 400                        |                        |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |              | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                            |              | =                | X\$ 9=            |                        | OR       | X\$18=                     |                        |
|   | Independent  | *   | Minus        | ***                           |              | =                | X43=              |                        | OR       | X86=                       |                        |
| Ľ   | +145=  |   |              |                               |              |                  |                   |                        | OR       | +290=                      |                        |
|   |  |   |              |                               |              |                  |                   |                        | OR       | TOTAL                      |                        |
|   |  |   |              |                               |              |                  |                   | E                      |          | ADDIT. FEE                 |                        |
| _   | I  | (Column 1)<br>CLAIMS                      | 1            | (Colui                        |              | (Column 3)       |                   | . <b></b> .            |          |                            |                        |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |              | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                            |              | = .              | X\$ 9=            |                        | OR       | X\$18=                     |                        |
|   | Independent  | *   | Minus        | ***                           | - OL AU      |                  | X43=              |                        | OR       | X86=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=   |   |              |                               |              |                  |                   |                        |          | +290=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |              |                               |              |                  |                   |                        | OR<br>OR | TOTAL                      |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."   |  |   |              |                               |              |                  |                   |                        |          | ADDIT. FEE                 | L                      |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                               |              |                  |                   |                        |          |                            |                        |